

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

Samantha Meadows for Congress

ADDRESS (number and street) (Check if address
is changed) 80 N High St

Chillicothe

OH

45601

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

samanthameadowsforcongress.com@yahoo.com

Optional Second E-Mail Address

sammi.meadows@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

www.votemeadows.com

2. DATE

11 / 01 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00793919

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mulcahey, David, , ,Signature of Treasurer Mulcahey, David, , ,

Date 08 / 15 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Full Name of
Designated
Agent

Meadows, Donna, , ,

Mailing Address

80 N High St

Chillicothe

OH

45601

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Secretary

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Atomic Credit Union

Mailing Address

1326 N Bridge St

Chillicothe

OH

45601

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address

275 7th Avenue

New York

NY

10001

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number
 C _____
 C _____
 C _____
 C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

OH

45601

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Vice Treasurer

Telephone Number - - 9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,
Depository, etc.

CITY ▲

STATE ▲

ZIP CODE ▲